

Township of Robinson

APPLICATION FOR RESIDENTIAL OR COMMERCIAL ELECTRICAL PERMIT

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| <u>Application type</u> (Check all that apply) <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> NEW SERVICE <input type="checkbox"/> NEW SUB PANEL <input type="checkbox"/> NEW WIRING <input type="checkbox"/> SITE LIGHTING | <input type="checkbox"/> SYSTEM EXTENSION OR ALTERATION <input type="checkbox"/> SIGN LIGHTING <input type="checkbox"/> UNDERGROUND SERVICE, CONDUCTORS OR FEEDERS <input type="checkbox"/> REPAIRS <input type="checkbox"/> RECONNECT |
| <u>Site Information</u> | NAME: _____ ADDR: _____ Subdivision _____ Lot _____ Block _____ Construction Costs: _____ | |
| <u>Use/Occupancy classification:</u> (Check all that apply) | <input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5 <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> H-1 <input type="checkbox"/> H-2 <input type="checkbox"/> H-3 <input type="checkbox"/> H-4 <input type="checkbox"/> H-5 <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4 <input type="checkbox"/> M <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> S-1 <input type="checkbox"/> S-2 <input type="checkbox"/> U | |
| <u>Type of work to be done (check all that apply)</u> | <input type="checkbox"/> New construction <input type="checkbox"/> Equipment replacement with same amperage rating <input type="checkbox"/> Repair existing <input type="checkbox"/> Alteration and or extension of system <input type="checkbox"/> Equipment replacement with higher amperage rating | |
| <u>Documentation required</u> (Check all submitted with application) | <input type="checkbox"/> 3 complete sets of signed and stamped Engineered electrical drawings. <input type="checkbox"/> Floor plans showing the location of proposed work including existing work to be removed or replaced and new work detailing locations and sizes. Site plan for exterior work. <input type="checkbox"/> Electrical Com-Check or Res-Check <input type="checkbox"/> Insurance certificates of contractors, if applicable, must be filed with this application. <input type="checkbox"/> If electrical equipment is being installed at exterior of structure an approved zoning application is required. | |
| <u>Construction Details</u> (check all that apply and list number of pieces of equipment next to all that apply) | <input type="checkbox"/> Electrical systems Number of services _____ Size of service _____ Feeder size _____ Number of lineal feet of underground conductors or feeders _____ Number of receptacle and lighting outlets _____ Sub panels _____ Transformers _____ Motors _____ <input type="checkbox"/> Number of single dwelling units _____ <input type="checkbox"/> Electrical system is located in a Hazardous location as defined by the International Building Code or the National Electric Code. <input type="checkbox"/> Installation requires explosion proof devices. <input type="checkbox"/> Installation includes low voltage wiring or systems. Explain _____ <input type="checkbox"/> Installation includes smoke detectors <input type="checkbox"/> Which side of structure and distance to property lines: (Outdoor equipment only) Front _____ Rear _____ Right side _____ Left side _____ | |
| <u>Description of Work</u> | _____ _____ _____ _____ | |
| <u>Owner Information</u> | Owner's name _____ Address _____ Phone _____ Fax _____ Email _____ | |
| <u>Contractor Information</u> | Company name _____ Address _____ Contact Person _____ Phone _____ Fax _____ Email _____ | |

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| <u>Insurance Information</u> | Company Name _____ Address _____ Policy No. _____ Exp. Date _____ Coverage Amount _____ Note: A copy of your insurance certificate must accompany this application. |
| <u>Applicant Signature</u> | Print Name: _____ Signature _____ Date _____ |

-OFFICIAL USE ONLY-

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| FEE SCHEDULE _____ RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL _____ DEMOLITION _____ SIGNS _____ X _____ = _____ OTHER _____ OTHER _____ TOTAL _____ | PERMIT ISSUED _____ PERMIT REFUSED _____ REASON REVISED _____ Z.H.B. CASE # _____ Z.H.B. DECISION _____ X _____ BUILDING CODE OFFICIAL OR CONSTRUCTION CODE OFFICIAL CERTIFICATION NO. _____ |
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For Department use only

**COMMERCIAL OR RESIDENTIAL ELECTRICAL
REQUIRED INSPECTIONS**

**IT IS MANDATORY TO CALL TOWNSHIP BUILDING INSPECTION
DEPARTMENT AT 412-788-8117 EXT. 266 FOR INSPECTIONS OR VISIT:**

<http://plans-examiners.com/townshipofrobinson.html>. - **48-HOUR NOTICE REQUIRED**

Project Name: _____

Contact: _____ **Phone** _____

Underground Rough Electrical: Prior to backfilling of any part.

Required:

Date:

Inspector Cert. #

Inspector Signature:

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Rough Electrical: After installation of rough wiring and prior to concealment of any part.

Required:

Date:

Inspector Cert. #

Inspector Signature:

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Final Electrical: To be completed when systems are complete and operational.

Required:

Date:

Inspector Cert. #

Inspector Signature:

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INSPECTION PENALTY:

Inspections not cancelled by 4:00pm of the previous regular business day preceding the day of the scheduled inspection, and re-inspections of previously failed items that incur subsequent failures of the same punch list item shall be subject to a \$75.00 fee per incident.

